

NEBRASKA UNIVERSAL SERVICE FUND ACH ENROLLMENT FORM

THIS FORM MUST BE COMPLETED IF YOU ARE TO RECEIVE A PAYMENT FROM THE NEBRASKA UNIVERSAL SERVICE FUND

STATE AGENCY: State Treasurer

AGENCY NUMBER 12

ADDRESS: Room 2003, State Capitol, Lincoln, NE 68509 ACH FORMAT: ☐ CCD+ ☐ CTX

CONTACT PERSON: Treasury Management Division
Telephone: 402-471-2455

Fax: 402-471-0816

The information below should be completed by your company. If there are any questions, please contact the State Treasurer's Office at the number listed above.

TELECOMMUNICATIONS COMPANY INFORMATION

Name: _____
Address: _____

Taxpayer ID #: _____
Contact Person: _____
Phone #: _____
Fax #: _____
Type of Payment: _____

MAIL OR FAX THIS FORM TO:

Universal Service Jeffrey L. Pursley
Director: Public Service Commission
P. O. Box 94927 Lincoln, NE 68509-4927
Phone: 402-471-0264
Fax: 402-471-0214

It is the Financial Institution's responsibility to assure the accuracy of the following banking information. If there are any questions, please contact the State Treasurer's Office.

FINANCIAL INSTITUTION INFORMATION

Name: _____
Address: _____

ACH Coordinator: _____
Phone #: _____
Fax #: _____
Nine Digit Routing Transit #: _____
Depositor Account #: _____
Depositor Account Title: _____

Type of Account: Checking ☐ Savings ☐

The services below represent an agreement between you and your bank related to the bank providing you the payment detail (addendum) information.

1. Both parties agree that the addendum information will be provided to the customer in the following medium: (Check preference)

_____ On-Line Query _____ No Notification Needed
_____ Listing _____ Credit Advice

2. Both parties agree that the addendum information will be provided to the customer within the following timeframe:

_____ Same day as payment date _____ Business day following payment date

(PLEASE PRINT OR TYPE)

COMPANY OFFICIAL NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

Company Official Must Sign Form

(PLEASE PRINT OR TYPE)

BANK OFFICIAL NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

Bank Official Must Sign Form